

JUDICIAL COUNCIL • ADMINISTRATIVE OFFICE OF THE COURTS

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Court Interpreters Ethics Workshops

REGISTRATION FORM

- ☐ Saturday, May 20, 2000 (Northern California)
- ☐ Saturday, July 15, 2000 (Southern California)
- ☐ Monday, October 9, 2000 (San Francisco)
- ☐ Saturday, December 2, 2000 (Southern California)

- No on-site registration is available.
- Space is limited and will be filled as payments are received.
- City locations may change if hotels are unavailable.
- Workshops may be canceled due to low number of registrants.

I have taken the Ethics Workshop before: ☐ Yes When _____
☐ No

This ethics workshop is *required* for certified interpreters and registered interpreters (in nondesignated languages) on the Judicial Council list. The workshop will cover issues of accuracy, impartiality, confidentiality, legal advice, and professional relationships. A panel of attorneys and judges will be part of the program.

Please type or print

Name _____
FIRST MIDDLE LAST

Address _____

City _____ County _____ State _____ Zip Code _____

Telephone: Day _____ Evening _____

Languages you interpret _____

- ☐ I am a Certified Court Interpreter. * Certification number _____
- ☐ I am a Registered Interpreter (in nondesignated languages). * Registered number _____
- ☐ I am a provisionally qualified interpreter.

* Any classes taken prior to receiving court certification or passing the English fluency exam for registered interpreters will not count toward continuing education credit.

- The fee for the workshop is \$65 and includes the booklet "Professional Ethics and the Role of the Court Interpreter."
- Make your check payable to the **State of California**. Your check must accompany your registration form.
- Lunch is *not* provided.

Complete this form and return it with
your check for \$65. Please mail to:

Stephanie Kuang, Accounting Dept.
Administrative Office of the Courts
455 Golden Gate Avenue
San Francisco, CA 94102-3660

Questions? Call Debbie at 415-865-7596. If, due to a disability, you have special needs or requirements, please let us know in the space provided below, and we will do our best to accommodate them.

FOR AOC USE ONLY:

Check # _____ Amount Rec'd _____ Date Rec'd _____ Rec'd by _____